

Oct 25

Inaugural Dissertation  
on Cynanche Trachealis

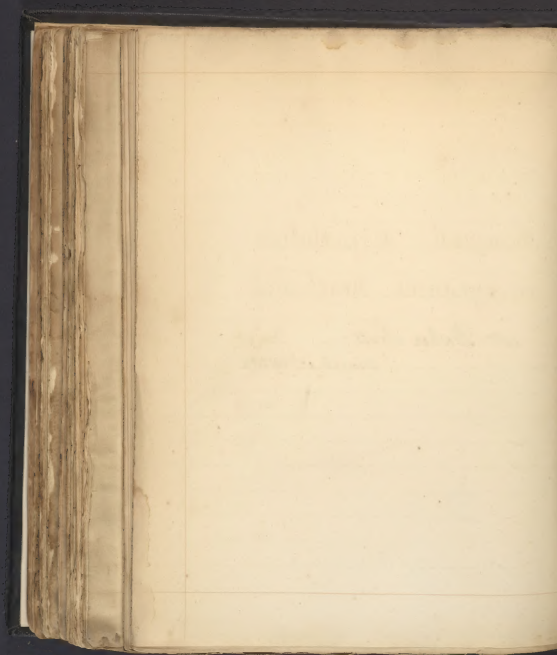
Wm. Baker Scott - Virg<sup>a</sup>.  
March 1<sup>st</sup> 1820-

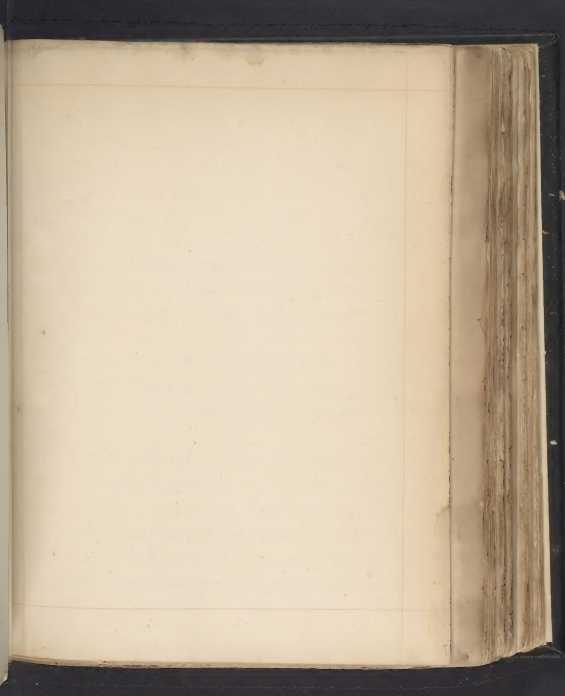
William A. Scott

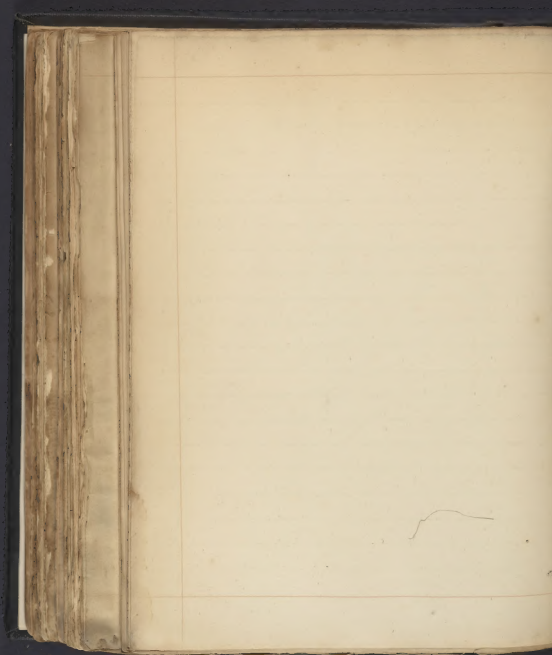
Esq. D.D.

Genl. of the Army

Baker







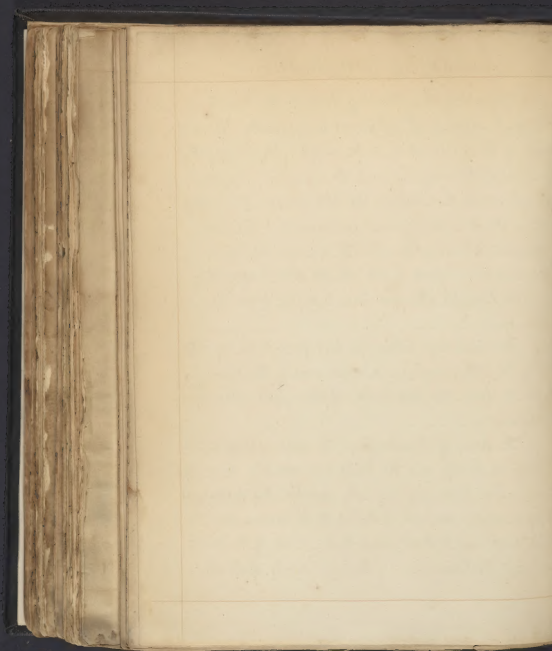
# Cynanche Trachealis

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In presenting the following thesis to the Faculty of medicine, I disclaim all pretensions to originality. The pathology of the disease which is the subject of it, is so perfectly understood at the present day, and the consequent treatment is so well settled, that perhaps but little remains to be added to either. At all events my recent commencement of a course of medical studies, together with the venerable authorities which it is in my power to refer to, will silence completely any wish I might otherwise have to depart from the beaten track.

This name says Cullen has been given to an inflammation of the glottis, larynx, and upper part of the trachea. whether it affects the membranes of these parts or the muscles adjoining.

Dr. Home of Edinburgh in the year 1755, published an essay on croup, and the credit has generally been conceded to him of having originally described this disease, and giving a distinct account of it; but Dr. Chapman says the credit is not due to Home, and that in one of the earliest numbers of the Transactions of the royal society of London,



he has found a full account of the complaint illustrated by dissection.

Cynanche Trachealis is for the most part confined to an early period of life, occurring between the first and fifth year. Dr Cullen says it seldom attacks infants till they have been weaned, and in no instance after the twelfth year. On this point Dr Cullen is certainly mistaken, for in this Country it not unfrequently attacks children in the first month and sometimes adults.

I remember hearing Dr Walker of Virginia relate the case of a man, thirty eight years of age who fell a victim to it. I also remember hearing Dr Chapman mention in his lectures, that there was a family of adults in this city to the individuals of which, he was frequently called in consequence of the the attack of Croup.

A Child once affected with it, is very subject to a return of the complaint. I know a family of four boys in Virginia, that are so subject to it, that when they have <sup>been</sup> exposed to cold damp weather, their parents expect an accession and resort to immediate means for their relief.



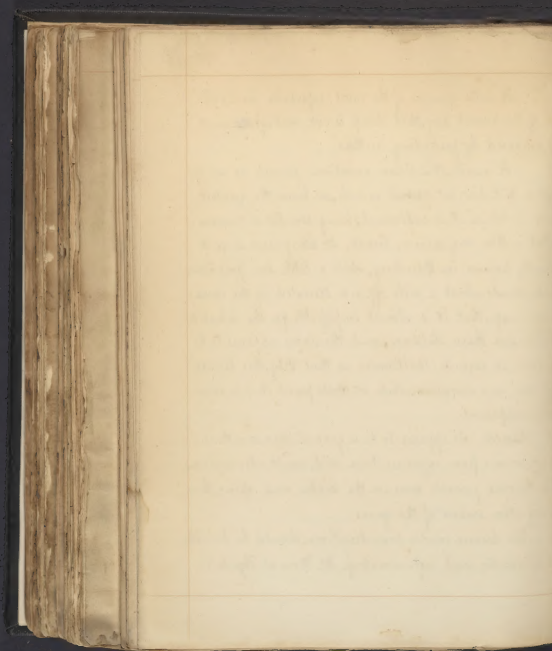


It is the opinion of the most respectable medical men of the present day, that Croup is not contagious as it was supposed by preceding authors.

It is said, this disease sometimes prevails as an epidemic. If it does not prevail as such, we have the greatest reason to believe it is endemical, being sometimes circumscribed within very narrow limits. Dr. Chapman says it is hardly known in Edinburg, while a little sea-port Town which stands about a mile off, is so desolated by the ravages of Croup, that it is almost impossible for the inhabitants to raise their children, and the same appears to be the case as regards Baltimore; in that City, this disease is of very rare occurrence, while at Wells point it is a common complaint.

Cause. It appears to be a general opinion, that Croup arises from exposure to a cold, moist atmosphere, and therefore prevails more in the winter and spring, than in any other season of the year.

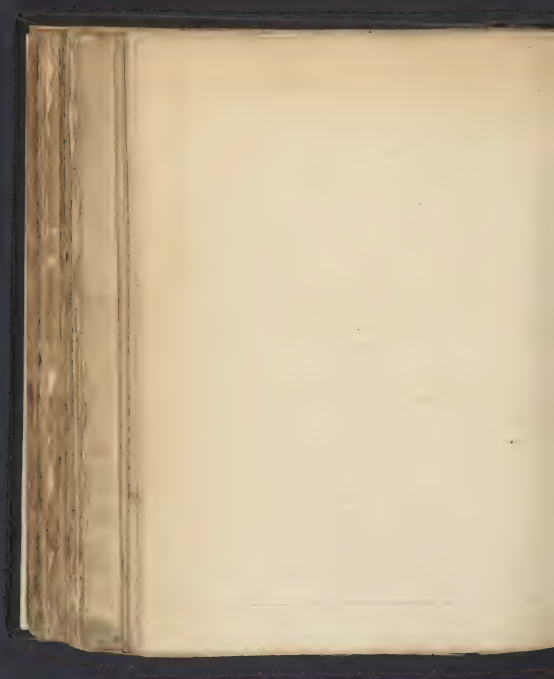
The disease under consideration, should be divided into spasmodic and inflammatory. Dr. Thomas objects to



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this disease, and says it is always to be considered as arising from inflammation. Dr. Baillin goes further, and says that from the nature of the symptoms, and from the dissection of the bodies of persons who had died of this Complaint, there is no doubt of its being of an inflammatory nature. It does not always ~~run~~ run the course of an inflammatory affection, but in nearly all cases even in children it terminates in suppuration, as is sufficient demonstration. In all these cases it must be taken of the spasmodic character. Dr. Baillin says, the early symptoms accord with this view of its pathology, and dissections confirm its correctness. When a child dies a very short time after being attacked with Croup, no appearances of inflammation are discovered on dissection.

Symptoms. In the first stage of the disease, the child is affected with a hoarse, or some writers unhoarse, cough, and a harsh, or some writers hoarse, voice. At this stage of the disease, there is more or less fever, a considerable degree of anxiety, the patient is very restless, whines, and frets, if a child, and complains to be exceedingly uneasy.

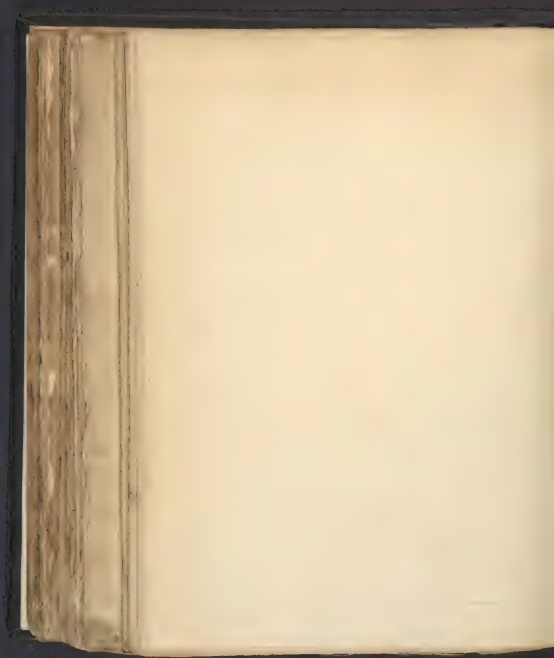
In the advanced stage of the disease there appears



to be an interrupted circulation in the lungs, owing to the obstruction of the vessels. In the former, the cough is frequently ringing in our ears, whereas in the latter there is little or no cough. In croup there is seldom any wheezing, whereas in the acute asthma it is one of the most striking phenomena of the disease, and it is attended with some evacuations such as belching vomiting or purging.

DIAGNOSIS The croup may be distinguished from acute asthma, by the following differences. In the former, the cough is frequently ringing in our ears, whereas in the latter there is little or no cough. In croup there is seldom any wheezing, whereas in the acute asthma it is one of the most striking phenomena of the disease, and it is attended with some evacuations such as belching vomiting or purging.

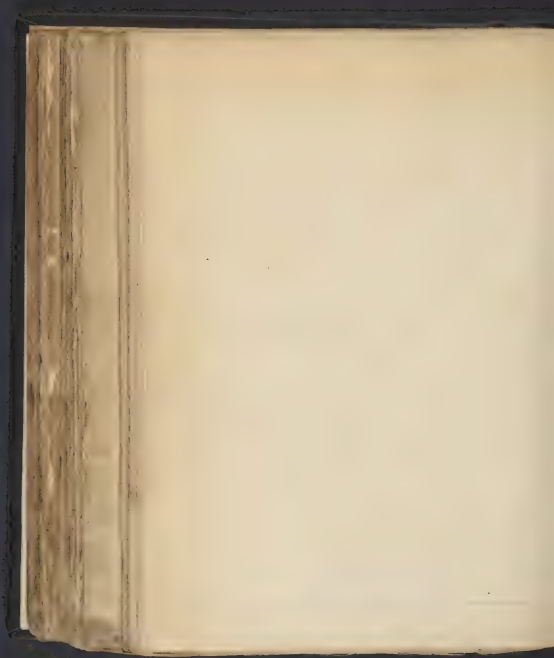
On cough the pulse is strong with much febrile heat, the urine high coloured, and the voice hoarse and snore. In acute asthma the pulse although perhaps equally quick, is less full, the urine is limpid, and the voice is croaking and deep.



Treatment - I am prone to give it in oil, but the  
patients disagree, and I am obliged to give it in  
the chasmodic or in 100° C. The mode of action that  
I am inclined to think is due to the fact that the

I always use the ammonia with cold water to moisten the patient's face, and a few drops between his eyes. The doctor sometimes takes a short interval, at the same time, he directs the patient to be put into a warm bath and continued in it for five or fifteen minutes. This he considers a hot as a remedy, - it hardly ever fails to promote the evacuation of the emetic and not infrequently, removes the disease.

Through the winter and spring of the month and  
June at least the patients, who continue to bleed copiously  
and about the women with some others, are such that they  
are the most comfortable about that and not more so than last  
month. Cases some however continue to bleed or not alone  
more or less, even in despite of the remedies employed.  
Under these circumstances, 20 drops are given, followed  
bleeding by cake and water, and after the impaction  
is dissolved given a clove or cinnamon. To the attending



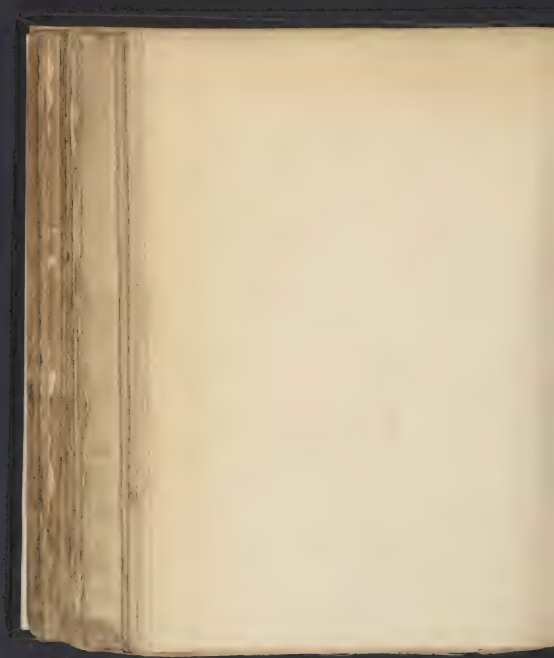


or from one ear to the other.

If the remedies already mentioned fail to give relief, and the symptoms are very alarming, bleed ad deliquium animi Dr. Chapman declares that when pushed to this extent B.S. has been universally successfull. He says that in his own practice or in that of the practitioners of this City, he has not known one solitary <sup>instance</sup> where the remedy failed. The moment says he, that syncope is induced by copious blood-letting, the hoarseness, cough, impeded respiration, all immediately disappeared.

The disease being broken, it is recommended to administer calomel not in small and repeated doses but in the largest possible quantity, in order that it may act on the large S<sup>d</sup>. Chapman says at this particular stage of the complaint, evacuations from the alimentary canal, carry off the lingering symptoms, obviate a relapse, and confirm convalescence.

The winter previous to my attending a course of medical lectures, I witnessed the treatment of several cases of croup on the plan I have mentioned, but in



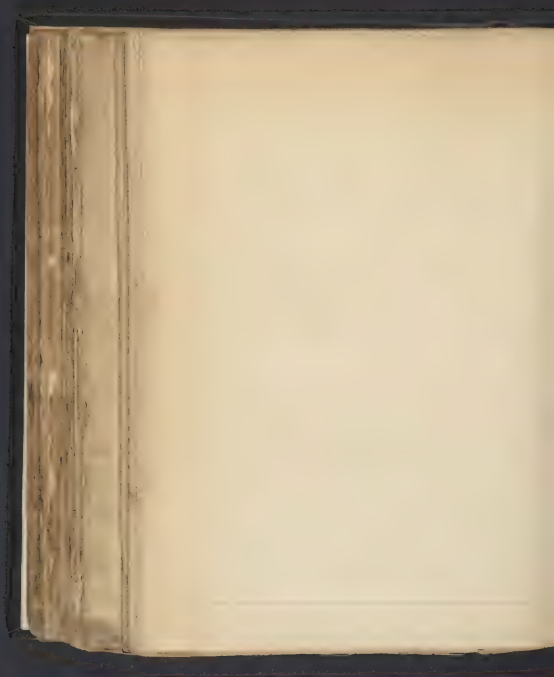
neither case was it necessary to push the remedies to that extent, which Dr. Chapman says they should be in some cases.

If Cough and hoarseness, together with tightness of the chest, and difficulty of respiration remain, then it is recommended to employ expectorants, and for this purpose the *polygala seneca* is preferred.

This article was originally brought into the treatment of this disease, by Dr. Archer of Maryland. It appears he used it in every stage and form of the disease. He sometimes received it as an emetic, and under other circumstances as an expectorant.

As an emetic, I do not recollect to have seen the *seneca* employed, but it is a very valuable expectorant; this I can assert from actual observation, having seen it frequently used in the almshouse for this purpose. The prevalent opinion is, that it should be restricted to the secondary stage of the complaint under consideration.

To overcome hoarseness or other consequences of the disease, the *seneca* is said to be exceedingly useful. The powder is sometimes given, but the saturated tincture

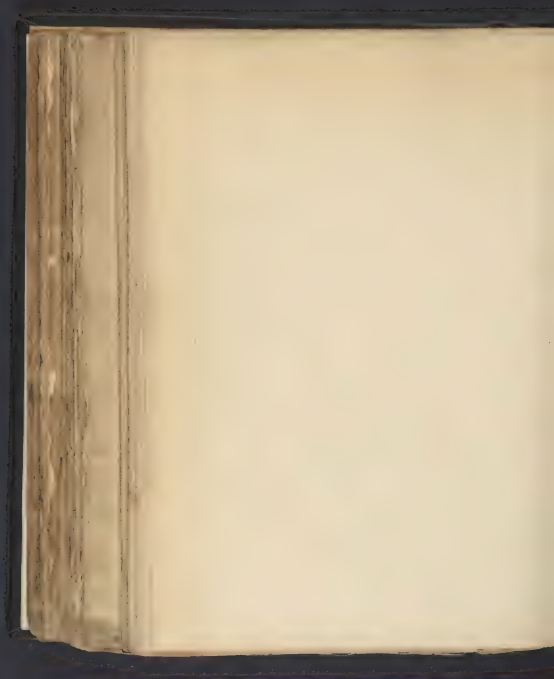


is preferred.

The practice which I have detailed is applicable chiefly to the early stage of the complaint. At this period the disease is spasmodic or inflammatory.

As the Cases which come under my observation, are immediately relieved, the subsequent treatment was very simple. But it appears from what I can learn from the authors I have consulted, and from the history of the present epidemic, that if the disease is permitted to continue for eight or ten hours, or sometimes even in a shorter period, the complaint extends to the bronchiae and sometimes into the substance of the lungs. When the disease runs on to this extent, there is a vast secretion of mucus and phlegm, and in this stage it assumes the character of peripneumonia notha.

The first object at this critical conjuncture is to relieve the lungs, and to accomplish this it is recommended to put the patient in a warm bath, and in this situation administer means to produce copious vomiting, and for this purpose the Sulphas Zinci is



highly recommended, or any very active medicine.

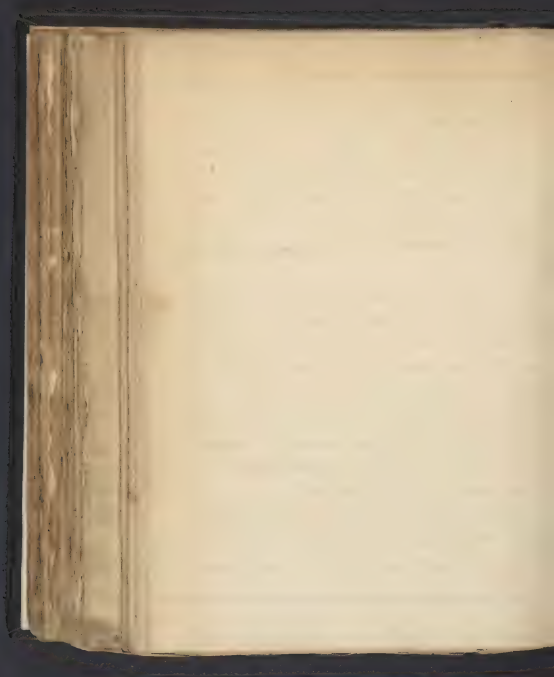
If it be thought advisable from the state of the case to draw blood, the practitioner should be very cautious not to reduce the system below the point of reaction. When it is not admissible to draw blood from the arm, we may resort to cups and leeches.

Blisters are recommended to be applied over the chest.

It is well in some cases the blister is so urgent as not to allow time for the blister to form, and as a substitute cloths wrung out of boiling water have been recommended. Lint dipped in a decoction of sweet rida with spirits of turpentine is also recommended.

The subsequent treatment consists in the use of expectorants, and of these the antimonial wine, spymel or vinegar of squills, a decoction of seneka, either alone or in combination will answer very well.

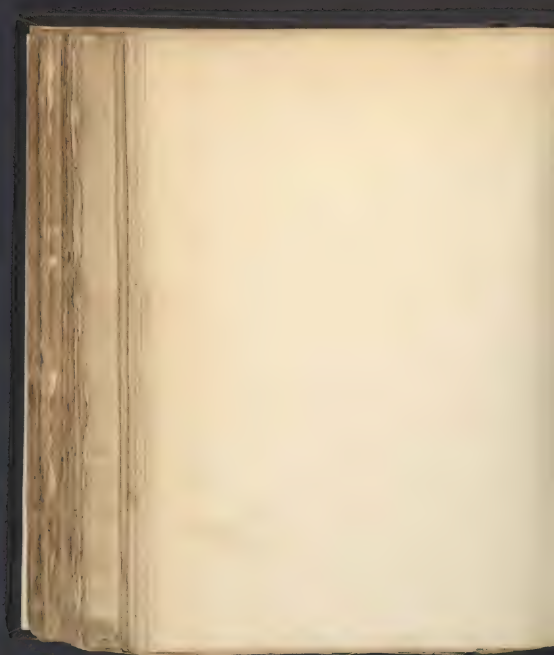
Calomel at this stage of the complaint is highly recommended. It is given with a view to enable the bronchial vessels to relieve themselves from their load of mucus.





Calomel as a remedy in cynanche trachealis was originally introduced into the treatment of this affection in the year 1770, and from what I can learn the credit is due to Dr. Kuhn late of this City. I have been informed, that it is the practice of some of the European physicians to trust exclusively to it, in the treatment of Croup. Dr. Chapman says he has <sup>seen</sup> in the Edinburgh hospital from 3ii to 3iii of Calomel given in the course of twenty ~~four~~ <sup>four</sup> to a child two or three years old.

It is not my intention, to detail the treatment recommended by those who trust principally to Calomel in this complaint, not only in consequence of the high standing of Dr. Chapman who opposes it, but also from a wish to be as brief as possible. However, before finishing my short essay, I may observe that it is understood to be the practice of Dr. Physick to trust exclusively to it in the treatment of the disease under consideration, and I have no hesitation in saying, I believe the practice a good one. Because for a youth of my age and experience not to consider the practice as safe after being recommended



by a man who is respected through the world, would be  
 presumption in the highest degree. But when there are  
 such opposite statements from the men I have mentioned,  
 the student should content himself with a belief that they are  
 all right, but pursue the practice he is most devoted to.

Dr. Chapman therefore as a beloved teacher, and a man  
 who has imparted so much useful knowledge to me, would  
 induce me first to try the practice recommended by him,  
 particularly as I have before stated that it has proved  
 successful in two cases within my own observation, though  
 it is not necessary to insert the remedy very far.

As to the operation which is sometimes tried  
 in the larynx, I shall content myself with saying, it is  
 the opinion of Dr. Chapman that the disease does not  
 depend upon this adventitious membrane. If the disease  
 does not depend on the membrane I cannot see the  
 necessity of performing the operation for its extraction  
 as some authors have recommended.

The professor of the practice believes that even if the  
 membrane were entirely removed, the disease would still

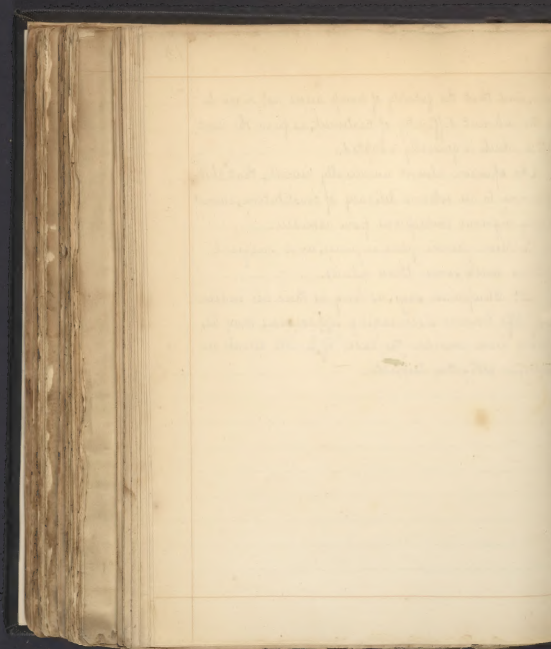


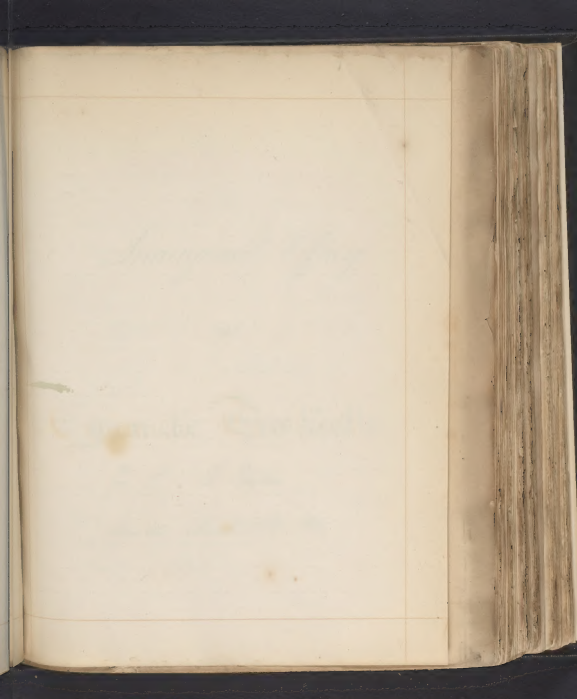
remain, and that the fatality of croup arises not so much from the inherent difficulty of treatment, as from the inert practice which is generally adopted.

An opinion almost universally prevails, that children owing to an extreme delicacy of constitution, cannot bear any vigorous impressions from remedies.

Children recover from injuries, and surgical operations much sooner than adults.

Dr. Chapman says, as long as there are indications of life however discouraging appearances may be, we should never consider the cases of acute disease in children, as altogether desperate.





Christoph. F. Schlegel